



Council on Developmental Disabilities
802 W. Bannock, Suite 308
Boise ID 83702-5840

INDIVIDUAL CONFERENCE FUNDING APPLICATION

1.	Applicant Name			
	Address			
	Phone No.		SS#	
	Email Address			
2.	Title of Conference			
	Dates of Conference			
	Location of Conference			
	Name of Org. Sponsoring Conference			
3.	Please Check One of the Following:			
	<input type="checkbox"/> Individual With Developmental Disabilities <input type="checkbox"/> Parent Of A Child With Developmental Disabilities			
	<input type="checkbox"/> Individual Representing People With Developmental Disabilities for (List Org.)			
4.	Transportation Cost			\$
	Estimated Meals/Hotel Cost Totals			\$
	Circle All Applicable: Registration Parking Taxi Respite List Other: _____			\$
	Total Amount Requested			\$
	List Other Sources of Funding Solicited			
	List Other Funding (Amounts) Received	\$	\$	\$
5.	Conference purpose and overall goal:			
6.	How will this conference address issues of importance to individuals with developmental disabilities (geographical impact)?			
7.	How you will share or use information from the conference with the Council and Others in your Community?			
8.	What do you personally hope to gain from attending this conference:			

🔊 PLEASE ATTACH A COPY OF THE CONFERENCE AGENDA 🔊

All approved requests are paid by **reimbursement** & may have a **maximum** reimbursement amount.

ALL CONFERENCE REQUESTS MUST BE SUBMITTED 30 DAYS PRIOR TO CONFERENCE